

1957

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should be in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Marcopos State Ariz State File No. 237
 District or Township _____ or Village _____ Registered No. 57
 City Mesa No. _____ St. _____ Ward _____

2. FULL NAME William B Grace
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

(a) Residence. No. _____ (Usual place of abode) Str. _____ Ward _____
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
 (Write the word)
 5a. If married, widowed or divorced HUSBAND of Susan Grace (or) WIFE of _____
 6. DATE OF BIRTH (month, day and year) Oct 18
 7. AGE Years 79 Months 6 Days 5 IF LESS than 1 day _____ hrs. or _____ min.

OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (city or town) Arkansas (State or country)
 10. NAME OF FATHER Jessie Grace
 11. BIRTHPLACE OF FATHER Tenn (State or country)
 12. MAIDEN NAME OF MOTHER Phoebe Gatter
 13. BIRTHPLACE OF MOTHER Italy (State or country)

14. Informant M. G. Simmons (Address) Phoenix, Ariz.

15. Filed April 25, 1957 A. D. McNeill Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Apr 23 1925

17. I HEREBY CERTIFY, That I attended deceased from Apr 17 1925 to Apr 23 1925 that I last saw him live on Apr 22 1925 and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH* was as follows:
Duplexing of brain

(duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (Secondary) arterio-sclerosis
 (duration) 5 yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
 Did an operation precede death? No Date of _____
 Was there an autopsy? No

What test confirmed diagnosis? _____ (Signed) E. J. Riechert M. D.
4-24-25 (Address) Mesa

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Cemetery DATE OF BURIAL Apr 25th

20. UNDERTAKER M. A. Burton & Son ADDRESS Mesa